

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6	1					
7	1					
8	1					
9	1					
10						
11						
12						
13	1					
14	1					
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16	1					
17	1					
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48						
49						
50						
TOTAL IND.	14					
TOTAL DEP.	20	↔	↔	↔	↔	
TOTAL CLAIMS	24	↔	↔	↔	↔	

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IND.	DEP.	IND.	DEP.
51			
52			
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98			
99			
100			
TOTAL IND.		↔	↔
TOTAL DEP.		↔	↔
TOTAL CLAIMS		↔	↔